

| POSITION                  | INITIALS   | ID NO.     | DATE            |
|---------------------------|------------|------------|-----------------|
| FEE DETERMINATION         |            |            |                 |
| O.I.P.E. CLASSIFIER       | <i>EW</i>  | <i>32</i>  | <i>12/13</i>    |
| FORMALITY REVIEW          | <i>11</i>  | <i>712</i> | <i>64 05.30</i> |
| RESPONSE FORMALITY REVIEW | <i>110</i> | <i>110</i> | <i>829.01</i>   |

7177,00  
9/7/77

INDEX OF CLAIMS

..... Rejected N ..... Non-elected  
 ..... Allowed I ..... Interference  
 (Through numeral)... Canceled A ..... Appeal  
 ..... Restricted O ..... Objected

| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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9-29-01